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A Study of Lived Female Intimate Partner Violence in Potheri, Kancheepuram District, India

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ABSTRACT

The main aim of the study was to explore the lived experience of females with intimate partner violence (IPV) and to extrapolate the various dimensions of lived experiences of females with IPV. Qualitative phenomenological approach was used for the study. The study was conducted at potheri, Kancheepuram District, India. 30 married women who experienced severe IPV were selected for the study. Lived experience of females with IPV was interviewed by using open ended questions. Data was analyzed using Collaizz's seven-step approach. Majority of the females 27 (90%) experienced physical hurt, fear for 27 (90%), emotional abuse for 28 (93.3%), anger for 25 (83.3%), financial difficulty for 26 (86.7%) and ashamed for 30(100%) under various dimensions.

INTRODUCTION

Domestic violence, or intimate partner violence (IPV) as it is sometimes called, is a worldwide problem. Intimate partner violence is referred as a threatened physical, sexual, financial or emotional abuse of a woman by their intimate partner. Domestic violence in India includes any form of violence suffered by a person from a biological relative, but typically is the violence suffered by a woman by male members of her family or relatives [1,2]. The most common causes for women stalking and battering include dissatisfaction with the dowry and exploiting women for more of it, arguing with the partner, refusing to have sex with him, neglecting children, going out of home without telling the partner, not cooking properly or on time, indulging in extra marital affairs, not looking after in-laws etc. In some cases infertility in females also leads to their assault by the family members. The greed for dowry, desire for a male child and alcoholism of the spouse are major factors of domestic violence against women in rural areas [3].

A 2014 study in The Lancet reports that the reported sexual violence rate in India is among the lowest in the world, the large population of India means that the violence affects 27·5 million over women their lifetime [4]. The instance of violence was reported to be lowest among Buddhist and Jain women, and highest among Muslim women in India [5]. The 2012 National Crime Records Bureau report of India states a reported crime rate of 46 per 100,000, rape rate of 2 per 100,000, dowry homicide rate of 0.7 per 100,000 and the rate of domestic cruelty by husband or his relatives as 5.9 per 100,000 [6]. These reported rates are significantly smaller than the reported intimate partner domestic violence rates in many countries, such as the United States (590 per 100,000) and reported homicide (6.2 per 100,000 globally), crime and rape incidence rates per 100,000 women for most nations tracked by the United Nations [7-9].

According to United Nation Population Fund Report, around two-third of married Indian women are victims of domestic violence and as many as 70 per cent of married women in India between the age of 15 and 49 are victims of beating, rape or

forced sex. In India, more than 55 percent of the women suffer from domestic violence, especially in the states of Bihar, U.P., M.P. and other northern states [10].

Physical injury is the most visible form of domestic violence. The scope of physical domestic/intimate partner violence includes slapping, pushing, kicking, biting, hitting, throwing objects, strangling, beating, threatening with any form of weapon, or using a weapon. Worldwide, the percentage of women who suffer serious injuries as a result of physical domestic violence tends to range from 19%- 55%. Physical injuries as a result of domestic violence against women are more obvious than psychological ones, and can be more easily discerned by health professionals as well as courts of law in the context of legal prosecution [11].

Emotional abuse has been gaining more and more recognition in recent years as an incredibly common form of domestic violence within the private home throughout developing nations such as India. Women who experience domestic violence overwhelmingly tends to have greater overall emotional distress, as well as disturbingly high occurrences of suicidal thoughts and attempts. According to a study by the National Centre for Biotechnology Information, suicide attempts in India are correlated with physical and psychological intimate partner violence. Of the Indian women who participated in the study, 7.5% reported attempting suicide. This correlation is supported by the high rates of domestic violence in India, although the rates differ greatly by region, individual socioeconomic status and other factors [12,13].

Babu et al surveyed both genders on domestic violence in eastern region of India.The results show that 16% of women had experienced physical forms of domestic violence, 25% sexual form, 52% psychological, and 56% reported any form of domestic violence. Men reported being victims of domestic violence with 22% reporting some form of physical domestic abuse, 17% sexual, 59% psychological, and 59.5% any form of domestic abuse. Men reported experiencing higher prevalence of all forms of violence, but reported experiencing lowest rates of sexual violence. The perpetrator of domestic violence, physical or sexual or psychological, was typically the husband in majority of cases and in some cases husbands' parents. Further, low income and low education increased the risks of domestic violence [14].

A study carried out on Intimate partner violence and physical and mental health among women utilizing community health services in Gujarat, India reveals that Participants with a lifetime history of IPV were more likely to have reported poorer physical and mental health compared to those without a lifetime history of IPV. More than half of the participants with an IPV history experienced multiple types of IPV (physical, sexual and/or emotional IPV). While being in the highest caste was a significant positive factor associated with better health, caste and other socio-demographic factors were not associated with IPV.

Over the past decade, gender equality and women‘s empowerment have been explicitly recognized as key not only to the health of nations, but also to social and economic development. India‘s National Population Policy 2000 has □empowering women for health and nutrition ‘as one of its crosscutting strategic themes. Additionally, the promotion of gender equality and empowering of women is one of the eight Millennium Development Goals (MDG) to which India is a signatory.

Women in India face risk of IPV. Yet those experiencing IPV do not seek help or rely on informal help sources. Community health organizations may take a role in IPV prevention and intervention. Diversity of intervention options would be important to encourage more women with IPV experience to seek help. A client friendly environment without hostility to the affected women, non-judgmental attitude and cordial staff is needed for providing appropriate services to victims of IPV. The staff needs to be trained in handling cases of IPV.

The Potheri villege, Kancheepuram District is chosen for the conduct of study since it is an adopted village of SRM University. The investigator wish to understand the prevalence of IPV and its various domains in females experiencing IPV in the adopted village.

Statement problem

A study of lived female intimate partner violence in Potheri, Kancheepuram District, India

Objectives

1. To explore the lived experience of females with intimate partner violence.

2. To extrapolate the various dimensions of lived experiences of females with intimate partner violence.

Methodology and Materials

Qualitative phenomenological approach was used for the study. The study was conducted at potheri, Kanceepuram District since it is an adopted village of SRM University where health care is delivered by nursing students and faculty of the University. 30 married women who experienced severe intimate partner violence were selected for the study. Lived experience of females with intimate partner violence was interviewed by using open ended questions. Women Abuse Screening Tool (WAST) was used to assess prevalence of Intimate partner violence among women.

Table 1. Scoring and Interpretation of the Women Abuse Screening Tool (WAST).

Scoring	Interpretation
1-8	No abuse
9-16	Moderate abuse
17-24	Severe abuse

Section B

Structured questionnaire was used to find out the demographic variables of women with Intimate partner violence which includes age, education, occupation, income, type of family, religion, number of children, age gap of husband, duration of married life, and type of marriage.

Demographic variables of husband such as age, education, occupation, income and bad habits.

Section C

Interview schedule with open ended questions was used to explore the lived experiences of females with Intimate partner violence.

RESULTS AND DISCUSSION

The collected data was analyzed with Collaizz's seven-step approach.

Data pertaining to demographic variables of women result found that majority 10 (33.3%) of them were between the age group of 26-30 years, education majority 12 (40.0%) of them were middle school, 11 (36.7%) of them were Unskilled worker10 (33.3%) them were unemployed, majority 12 (40.0%) of them had an income between Rs.1590 – Rs.4726, majority 23 (76.7%) lived in joint family. majority 29 (96.7) of women were Hindu, majority 15 (50%) of women were having 2 children, age gap of husband of women with intimate partner violence majority 12 (40.0%) of them were 4-6 years, duration of married life of women majority 9 (30.0%) of them are more than 12 years, 19 (63.3) of them are got non consanguineous marriage.

Accordance of demographic variables of husband, majority 8 (26.7%) of them were the age group 36-40 years, 13 (43.3%) of them were middle school certificate, majority 11 (36.7%) of the husbands were Semiskilled worker, 11 (36.7%) them had on income between Rs.7878 – Rs.11, 816, majority 15(50%) of them have both alcohol and smoking.

The lived in experience of women with intimate partner violence were exposed and categorized under the eight dimensions. The identified dimensions were physical dimension, psychological dimension, emotional dimension, sexual dimension, behavioral dimension, economical dimension, confidential and hope of life and human connectedness.

Table 2. Frequency and percentage distribution of the various dimensions of women with Intimate partner violence.

Sl No	Themes	Sub Themes	Frequencies	Percentage (%)
1	Physical Dimension	Physical hurt	27	90
2	Psychological Dimension	Fear	27	90
3	Emotional Dimension	Verbal attack	28	93.3
4	Sexual Dimension	Sexual abuse	13	43.3
5	Behavioral Dimension	Spells of cry	24	80
6	Economical Dimension	Financial difficulty	26	86.7
7	Confidential and Hope of Life	Ashamed (hiding the truth)	30	100
8	Human Connectedness	Quarrelling with husband	5	16.6

The findings highlighted the following data, under the physical dimension majority 27 (90%) of the women had physical violence. Under psychological dimension majority 27 (90%) of them had fear about the violence behavior. Under emotional dimension Majority 28 (93.3%) of the women had emotional hurt. Under sexual dimension, 13 (%) women had sexual abuse. Under behavioral dimension, the data reported that 24 (80%) of the women had spells of cry. Under the economical dimension majority 26 (86.7%) of women had financial difficulty, under the dimension of confidential and hope of life all 30 (100%) of the women with intimate partner violence felt ashamed for hiding the truth. Under the dimension of human connectedness, 5 (16.6%) quarrelling with anybody.

CONCLUSION

Domestic violence is a health care problem of epidemic proportions in additions to the immediate trauma caused by abuse; domestic violence contributes to a number of health problems. Nursing professionals are the first line response to many IPV victims. This study allowed the participants the opportunity to express their personal problems. At the end of the study, the investigator distributed pamphlets on coping strategies for women with intimate partner violence.

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